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Division of Corporations

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Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-3107 rdone Fax Number : (561)214-8442

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## LLC REGISTERED AGENT CHANGE TPG AG EHC III (LEN) MULTISTATE 1, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
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M. SOLOMON

OCT 2 3 2024

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| Name of the limited liability company:   | TPG AG EHC III (  | LENIM                               | alti State 1,                              | LLC  |                             | <u>-</u> -        |  |
|--|---|-------------------------------------|--|--|-----------------------------|-------------------|--|
| 245 Park Avenue, 26th Floor  |   | (b)                                 | 245 Park                                   | Avenue, 26th Floor   |                             |                   |  |
| Principal office address of limited lia<br>(Note: MUST BE STREET A.  |   | _                                   |  | Mailing address of limite (Note: MAY BE POS                          | •                           |                   | ;  |
| New York, NY 10167   |   | _                                   | New York                                   | s, NY 10167  |                             |                   |  |
| 04/08/2024   |   | ?                                   | M2400000-                                  | 4537   |                             |                   |  |
| Date of filing/registration in a) C T CORPORATION SYSTEM   | Florida   | 4.                                  |  | Document number  | -                           |                   |  |
| Registered Agent and Registered Office show 1200 SOUTH PINE ISLAND ROAD  | on the records of th  | e Florida                           | Dept, of Stat                              | te;  |                             |                   |  |
| Registered Office Address (MUST BE F.  | LORIDA STREET AI  | DDRESS)                             |  | _  | € 5<br>                     | 2024              |  |
| PLANTATION   | , FL_3  | 33324                               |  | -<br>-   |                             | 1024 OCT 2        | EF AI<br>EFFE                                |
| Corporate Creations Network Inc.   |   |                                     |  |  | n :                         | 3 PH              | <u>.                                    </u> |
| Enter name of NEW Registered Agent and/  | or NEW Registered C   | Office add                          | ress:                                      |  | 11100<br>1117               | <b>i:</b> 00      |  |
| 801 US Highway I   |   |                                     |  |  | ( <del></del>               | 00                |  |
| NEW Registered Office Address:   |   |                                     |  | -  |                             |                   |  |
| North Palm Beach   | , FL_   | 33408                               |  | _  |                             |                   |  |
| e limited liability company is not organi-<br>ge or changes are made, the Florida stre<br>t will be identical. Or, in the case of a F<br>were authorized by an affirmative vote or<br>tricles of organization or the operating a | et address of the re<br>Florida limited liab<br>of the members of | egistered<br>oility con<br>the limi | d office an<br>npany, it i<br>ted liabilit | d the business offices<br>s hereby confirmed<br>sy company or as oth | e of the reg<br>that the ch | gistere<br>ange(s | d<br>s)                                      |
| incres of organization of the operating of   |   | E area                              | Ha Tavarez                                 | . Attorney-in-Fact   |                             |                   |  |
| Strella Tavarez nature of a member or authorized representative  |   | ESHC                                |  |  |                             |                   |  |

Signature of Registered Agony

atralla Tavarez Estrella Tavarez, Special Secretary